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INHALATION OF ETHER IN PARIS.

Mr. Editor,—Presuming that the inhalation of ether still excites a certain degree of interest in the city of *its discovery*, I have been tempted to write you a line concerning it.

I have now been in Paris nearly a month, and though, during that time, I have frequently had occasion to converse with several of the first surgeons and physicians here, I have never at any time heard any allusion made either to the discovery of the ether or of its power of producing insensibility to pain. It has taken its rank among medical agents, and is as quietly and firmly established as if it had been known for centuries.

There is still, however, some discussion as regards the best form for the inhaling apparatus. I have seen Jobert, at the St. Louis, make use of a bladder, merely making an opening in it sufficiently large to surround the mouth, and pouring into it a couple of spoonfuls of ether. The effect is generally produced very rapidly by this apparatus, more so than by any other that I have yet seen; and though I have known it applied for eight minutes in one case, not the slightest symptom of asphyxia was produced by it.

On Tuesday last I saw Jobert amputate the thigh of a man, for a scrofulous disease of the knee. The ether was administered by means of the bladder, and insensibility produced in three minutes. The operation, which was performed, contrary to his general practice, by the circular method, lasted thirty-five seconds. The patient gave no sign of pain, either during the operation or the application of the ligature and the transfixing the skin with pins for the hare-lip suture, of which Jobert always makes use of after amputations. The blood appeared darker than arterial, though not so dark as venous blood. No symptom of asphyxia presented itself.

If I remember rightly, Dr. Mason Warren, in a pamphlet on the use of the ether, states that he had made use of a sponge in operating on children. I have seen Guersant fils perform several operations on children at the Hospital des Enfans, but he always succeeded in producing the etherization by one of the common forms of apparatus, that of Charriere I think. The only thing I have noticed with respect to children, is that insensibility is produced much quicker and passes off sooner than in adults.

On Thursday last I saw Guersant amputate the arm of a boy, 3 years old. Insensibility was produced in less than two minutes, but the inhalation was continued two minutes and a half. The flap operation was made use of, and was performed in one minute. During the operation the child manifested no symptom of pain; the sensibility returned in two minutes after the inhalation ceased, on tying the second ligature.

Velpeau asserts that he has never seen, or heard of, any instance of immediate ill effects from the administration of ether in France, and that the cases reputed such, published in England, like the generality of English cases, are so destitute of details, that he has not been able to satisfy himself of their authenticity. Still it is not improbable that a discovery really of such immense value may, in the first moment of enthusiasm, be overrated; and the object I have in writing this communication is to call the attention of your readers to a fact, if such it proves to be, that I do not remember to have seen stated in America, namely, the possibility of a fatal result being one of the *remote sequelæ* of the inhalation of ether.

Every surgeon, who has had an extensive practice, must have seen patients die after a severe operation, when death could not be explained by any pathological lesion. Still this is not a common occurrence; and when such a case occurs after the administration of ether, it is natural to look for some connection which this may have had with the fatal result. During the last week I have seen two cases of this kind, both occurring in the service of M. Velpeau. Velpeau, in his remarks on these cases, considered the fatal result of the first operation to be more than probably caused by the ether; the death of the second patient he did not think had any connection with this. I will give you a brief statement of the two cases, so that you can judge for yourself. The first case was an extirpation of an encephaloid tumor, which had existed eight months, about the size of the fist, from the left breast of a woman, 45 years of age, of a strong constitution, and whose cellular and muscular systems were well developed, and who, apart from the tumor, presented no symptom of the cancerous diathesis. She however stated that she was asthmatic. The operation was performed on the 3d of May. The patient was etherized with great difficulty, and did not become insensible until after inhaling the ether for eighteen minutes. The operation lasted four minutes; four or five arteries were tied, and the patient lost but little blood. On recovering from the state of insensibility, she said that she had suffered no pain, and seemed to be very well satisfied with the result of the operation. The next day she was comfortable, had slept well, pulse calm, general appearance satisfactory; complained, however, of a pain in her back, which was attributed by Velpeau to the bandage having been twisted a little. She died on the fourth night after the operation, having presented no particular symptom except pain in her back and a little crepitous rale in the lower part of her back, but no dulness on percussion or pain in the side; intelligence perfect to the last. On examination of the body, the brain presented nothing but a little injection of the medullary matter of the brain; abdomen normal; the lungs presented posteriorly a little hypostatic congestion; the bronchi were remarkably flaccid and slightly red.

The second case was a cancer of the right testicle, the size of the fist, and which was already ulcerated in a place the size of a dollar on the right side. The man had the general appearance of the cancerous diathesis, but no glands could be felt in the iliac region. The operation was performed on the 5th of May. The patient became insensible after inhaling the ether six minutes. The operation lasted eight minutes, and he continued to inhale the ether nearly the whole time. The tumor extended into the iliac fossa, and the spermatic cord was dissected up the whole length of the canal, and tied as far in the iliac fossa as the finger could carry the ligature. Very little blood was lost. Four small arteries were tied, and the wound filled with lint. After the operation, the patient remained in a state of semi-intoxication for some time. He would not believe that the operation had been performed, till he was shown the tumor.

The next day he had passed a comfortable night, had no fever, general appearance good. The 7th he had a little fever, diarrhœa and nausea, and a pain in the lower part of the abdomen. The 8th, worse; the diarrhœa still continues; vomiting of greenish matter since yesterday evening, and an acute pain in the iliac fossa, but the abdomen not swollen. The wound, which was dressed to-day for the first time, appeared to be doing well. He died during the night. On examination of the body, a portion of the epiploon was found glued to the opening of the internal ring, and suppurating; a small quantity of pus was found on the inside of the peritoneum, surrounding the inflamed portion of epiploon, and an effusion of a small quantity of blood in the cavity of the peritoneum.

Although Velpeau did not attribute the death of the latter patient to the inhalation of the ether, yet he considered the lesions found on examining the body not to be sufficient to account for the death, and there was something obscure that could not be easily accounted for.

I have seen several cases of death in patients to whom ether had been administered, but my attention not having been directed to this point before, I did not take any notes of examination of the body. I would suggest that in such cases attention should be directed to the lungs. Yours, &c.

Paris, May 15, 1847. HENRY BRYANT, M.D.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 383.]

COLIC.—Colic is a generic name for several diseases of various origin and nature, and only agreeing in having their common seat in the intestinal canal, and perhaps, also, in being each accompanied by pain.

We do not revert to cardialgia, sometimes named, and not inexactly in some respects, stomachic colic; it we have already noticed. (See p. 269.)

The principal varieties of colic are—bilious colic; spasmodic and flatulent colic; a third variety, for which we would suggest the name scybalous; lead or painters' colic; vegetable, Poictou, or Devonshire colic; and lastly, infantile or meconial colic. In this enumeration, we have left out volvulus or ileus, because this is often, or always, but an aggravated form or consequence of some one or another of the varieties now named. Nor have we thought it necessary to allot a separate place to colic arising from intestinal or hepatic concretions, and other rare causes.

1. Bilious colic is generally the consequences of a profuse action of the liver, the bile being, at the same time, of morbid quality, and irritating in its effect on the mucous membrane. In some diseases, as is remarked by Dr. Prout, the bile is acid; in some instances, it is so to such a degree as almost to excoriate the lips when vomited, and to cause severe *ardor ani* when evacuated downward. This change may depend on some excess or morbid alteration in the oleic acid. Again, the bitterness of the bile sometimes increases to an acrid degree, depending on some morbid change in the biliary resin. It is easy to understand how a fluid so corroding in its action will irritate, if not inflame, the mucous surface of the intestine, and provoke spasmodic contraction or violent peristaltic or anti-peristaltic efforts, in its muscular coats.

The treatment is simple:—Total abstinence, *pro tempore*, from stimulant food and drink; the ample use of warm diluents, which, on first being taken, may act as emetics, and no harm, but rather advantage, if they should; then, gentle oleaginous laxatives and enemata. Both the laxatives and enemata may have, if griping is severe, a few drops of the tincture of hyoscyamus or of opium added to them. In France, infusions of chicory, taraxacum and lettuce, to which acetate of potass is added, are recommended.

In severer cases of bilious colic, a chillness, like the cold stage of fever, sometimes comes on. Against this, a hot bath is the best means, by which also the colicky pains are generally much alleviated.

2. *Spasmodic, or nervous and flatulent colic.*—These have many points of resemblance. If no signs of inflammation are present, they are to be treated by anti-spasmodic and carminative draughts and enemata, and by warm abdominal frictions. The following are the substances we must principally rely on: valerian, assafœtida, musk, castoreum, galbanum, belladonna, camphor, the aromatic waters and oils, as those of anis, fennel, pimento, carraway, &c.

3. *Scybalous colic.*—In this variety, irritation of the mucous membrane of the bowel, even of a sub-inflammatory or inflammatory kind, may be caused by the prolonged contact of scybalæ; and either obstinate torpor of the gut, with constipation, may ensue, or, what is more to be dreaded, anti-peristaltic action may commence, ending in dangerous or fatal ileus.

In this case, oleaginous laxatives, such as castor and olive oil, must be given, and that in a manner least likely to excite nausea; since thereby the tendency to anti-peristaltic action may be increased. Copious oily enemata, aromatized so as to excite the downward action of the bowels, should, at the same time, be assiduously employed. All drastic purgatives should be abstained from.

4. *Lead or painters' colic.*—The treatment of this disease, practised in a principal hospital of Paris, and which is often successful, is as follows:—

First day.—In the morning, a purgative enema is administered, consisting of the following ingredients:—An aromatic electuary, containing scammony, thirty parts; senna, eight parts; syrup of buckthorn, thirty parts; jalap powder, four parts; boiling water, 125 parts. During the day, a tisane, made from cassia, sulphate of magnesia and tartar-emetic, is taken; and in the evening, an anodyde (?) enema of walnut oil and red wine, succeeded by a *bol calmant*, consisting of a drachm of theriaque (a senseless medley of almost every known anti-spasmodic, tonic and narcotic) and one grain of opium.

Second day.—This day commences with an emetic, consisting of two thirds of a grain of tartar-emetic in eight ounces of water, divided into two doses, and taken at the interval of an hour. In the course of the day, a sudorific tisane is drank, composed of a decoction of somewhat more than six ounces of rasped guaiac in one pound and a half of water; this being boiled down to half that quantity. In the evening, the "calming bolus" (see first day) is repeated.

Third day.—This day commences with a laxative sudorific tisane, consisting of an ounce of guaiac, half an ounce of sarsaparilla, a drachm or so of sassafras, the same of liquorice, half an ounce of senna, and so much water as to form, when boiled and strained, about half a pint of decoction. Soon after, a purgative potion is administered, consisting of an aromatic electuary, containing scammony, a drachm of jalap, two drachms of senna leaves, seven drachms of syrup of buckthorn, and one pound of boiling water. In the evening, the anodyne enema (see first day) and calming bolus (see ditto) are repeated.

Fourth day.—The same routine as the third.

Fifth day.—During the day, the sudorific tisane is given (see second day); at 4 in the afternoon, the purgative enema (see first day); at 6 o'clock in the evening, the anodyne enema (see ditto); and at 8 o'clock, the calming bolus (see ditto) are successively taken.

If the disease has not now yielded, the above whole series of treatment is repeated (only the emetic solution is omitted), and is continued until the abdominal pains are removed, and the patient goes regularly to stool.

It must be owned that the treatment now detailed is very methodical, and is a not unskilful *melange* of means calculated to stimulate the bowels, and to quiet them and relieve their spasmodic action alternately.

Alum and sulphuric acid, also, undoubtedly possess something like specific powers in the treatment of lead colic. Kapeler recommends from two to four or five drachms of alum to be dissolved in five ounces of a demulcent jalap, and this to be taken in doses of a spoonful every hour. In Germany this is much used, and is very successful. Dr. Copland states that he has uniformly succeeded by means of alum, which, however, he combines with camphor, cayenne pepper, and occasionally opium, and assists with oleaginous clysters. Gendrin recommends, as a prophylactic to operatives engaged in lead mines or manufactories, a sulphuric acid "lemonade," as he calls it, consisting of a drachm or two in a pint or more of water, sweetened so as to make it agreeable, and taken in quantities of twelve or sixteen ounces a-day.

Besides the means now enumerated, elaterium, croton oil, calomel, and many things else, have been suggested and tried, in lead colic, with various results. We should, however, ourselves prefer the French treatment above detailed, or the aluminous treatment, which, it may be observed, "more certainly" (to use Dr. Copland's words) "opens the bowels than any other."

5. *Vegetable, Poictou, or Devonshire colic.*—This has been erroneously supposed to arise from the use of cider or acerb fruits. While, no doubt, such may be occasionally its origin, yet a colic precisely similar arises from totally different causes, as cold feet, &c. We must combat it by hot fomentations and the conjoint use of mild laxatives, as castor oil, and opiates, or at least anodynes, and by oleaginous and anodyne enemata.

6. *Meconial colic.*—Castor or olive oil, with hot fomentations to the abdomen, and mucilaginous injections, will usually speedily relieve this species. Indeed, half an ounce of syrup of the rose in the evening, and the same quantity in the morning, will often be all that is required. Sometimes, however, what Canstatt calls "deutero-pathic" eclampsia is the result, demanding more active treatment. See the chapter entitled "Topographische Pathologie einzelner nerven und nervengebiete," in his Special Pathology and Therapeutics, pp. 370 et sequentes.

We do not refer to colic from unhealthy lactation in the mother or nurse, nor to colic which has passed, as every species of it occasionally does, into ileus, enteritis and peritonitis. The treatment of these severe forms of disease was not contemplated in this series of papers. I may observe, that in the Lancet for March 25, 1843, Mr. Doughty, of William street, Knightsbridge, reports a very serious case of ileus which I treated, and fortunately with success. On referring to the details of the case, I notice that the following were the principal points of the treatment:—calumba and opium to arrest vomiting, an object of importance in all such cases; then a turpentine enema, with castor oil; on the following day, six ounces of quicksilver (by mouth), and sixteen ounces of the tobacco enema, administered by Mr. Doughty; this caused syncope and cold sweat. On the following day, eight more ounces of quicksilver were given, and tobacco smoke to the extent of five or six whiffs, on that, and again on the following day, by Mr. Doughty. Lastly, an assafœtida enema. "After the latter," writes Mr. Doughty, "we began to have copious stools, and the whole of the mercury passed."

I may observe, that before I was called to this case, stercoraceous vomiting had decidedly set in. My object in ordering the tobacco infusion and smoke enemata was to favor the reduction of any obscure hernia or muscular spasm of the bowel which might exist. I also directed that the attendants of the girl should, after she had taken the crude mercury, frequently raise her up in bed (she was too feeble to raise herself) to alter her position from one side to the other, from the back to the belly, and *vice versa*, with the view of favoring the gravitation of the mercury to the lower bowels. The issue of this case was extremely gratifying to me, inasmuch as I had despaired of a successful one. Had it proved unfavorable, I should now, at least, perhaps have been disposed to blame some parts of the treatment as too energetic. However, the desperate aspect of things appeared to justify a prudent rashness, and as the issue *was* fortunate, I am not called upon, on this occasion at least, to practise the duty of self-stricture.

ON UVA URSI, OR BEARBERRY.—(AN INAUGURAL ESSAY.)

By J. Curtis C. Hughes.

THE uva ursi is a low evergreen shrub, with long trailing stems. The leaves are short, oval, oblong, cuneate, smooth, shining, of a dark-green color on the upper surface. On the under surface they are of a lighter color, and traced with veins of net work. When fresh, they are void of smell, but when dry and bruised they have the odor of hay. The flowers are of a reddish white color. The fruit is a round berry. It is green at first, but when ripe it becomes red. The leaves are used for tanning, and would form a good substitute for sumac. This shrub inhabits northern Europe, Asia and America. It flourishes in a cold and barren soil. Our market is supplied from New Jersey.

Medical Properties.—Uva ursi is an astringent tonic and diuretic. As an astringent it is applicable to all the purposes for which the vegetable astringents are used. The principal use of this medicine is in chronic affections of the bladder and kidneys. It has been used with success in strangury, with discharge of mucus; and also, in gravel, by a direct action on the kidneys, and by giving tone to the digestive organs, in diabetes, gleet, fluor albus, menorrhagia, and pulmonary consumption. The dose of the powder, ℈j. to ʒj. Of the decoction, f℥j. to f℥iij., made by boiling 1 oz. of uva ursi with a pint and a half of distilled water, to a pint. Of the extract, grs. v. to grs. xv.

Chemical History.—1st. Two ounces of uva ursi in powder were treated by displacement with six ounces of alcohol. The resulting tincture was of a dark-green color, and when evaporated to the consistence of a syrup, globules of a fixed oil floated on its surface, and on the sides of the dish a brownish matter was deposited, consisting of tannin, extractive and resin. After removing the fixed oil, the extract was treated with water, which dissolved the tannin and extractive, leaving an undissolved portion, consisting mainly of resin and chlorophylle; soluble in alcohol and ether, and insoluble in acids. The watery solution of the extract was largely precipitated by tincture of muriate of iron.

2d. Uva ursi, when treated with ether by displacement, affords a deep-green tincture, which leaves a greenish extract by evaporation, composed of tannin, chlorophylle, resin and fixed oil. The extract, treated with water, is deprived of tannin, and the filter absorbs the oil, leaving the resin colored with chlorophylle on the filter.

3d. Two ounces of uva ursi were macerated with acidulated water for twelve hours. The liquor was then strained, and the residue boiled for twenty minutes three successive times in a pint of water. It was then displaced with water until it passed off nearly colorless and tasteless, and afterwards with alcohol until it ceased to remove any portion. It was then dried and weighed one ounce, showing about fifty per cent. of lignin. This was without taste or odor, very brittle, readily decomposed with sulphuric acid, forming a thick black mass.

4th. Six ounces of uva ursi having been bruised and macerated in water for six hours, were then transferred to a retort placed in a sand bath; a solution of common salt was added, and a receiver adapted. The distillation continued for five hours. There was about a pint condensed in the receiver during the operation. The liquid in the retort was of a dark-brown color, but that which passed over was colorless; a light-colored oil collected in globules on the surface of the distilled liquid, having a very pleasant odor.

5th. An infusion was made of two ounces of uva ursi with a pint of water. The infusion was precipitated with a solution of gelatin, forming tannate of gelatin, and the infusion was filtered. To a portion of the filtered liquid a solution of subacetate of lead was added; it produced a dull white precipitate. With lime water, a yellow, showing the existence of gum. To a second portion of the liquor a few drops of protochloride of tin were added, producing a white precipitate; with nitrate of silver, a brown one, denoting the presence of bitter extractive. To a third portion a few drops of tincture of muriate of iron were added; it turned black, proving the existence of gallic acid. Starch could not be detected with tincture of iodine.

Ashes of uva ursi were tested and found to contain potash and lime.

6th. One pound of uva ursi was macerated in water for twelve hours, and displaced until two quarts of liquor were obtained. The tannin was precipitated with a solution of gelatin, and filtered. The liquor was evaporated to dryness, the extract remaining dissolved in strong alcohol, and treated with purified animal charcoal for twenty-four hours. It was then filtered, evaporated, re-dissolved in absolute alcohol, and treated with purified animal charcoal for twenty-four hours; filtered and crystallized by spontaneous evaporation. The crystals were pressed, re-dissolved in absolute alcohol, treated with animal charcoal, filtered and crystallized by spontaneous evaporation. This substance crystallizes in transparent, colorless, needle-shaped prisms, soluble in alcohol, ether and dilute acid. It will not dissolve in essential and fixed oils. Its aqueous solution is precipitated by subacetate of lead and carb. potash; lime water, and tincture muriate of iron do not affect it. It is neutral to test paper, and combustible. One grain acted as a powerful diuretic.

From the experiments here detailed, it may be inferred that uva ursi contains tannin, gallic acid, gum, resin, bitter extractive, volatile and fixed oils, lignin, and a peculiar principle, which, as it embodies the diuretic power of the leaves, may be called *ursin*. This principle is worthy of a further investigation, particularly as to its chemical relations and medicinal powers. If it should prove to possess, in full, the useful properties of the plant, it may become a valuable agent in the hands of the practitioner.—*The American Journal of Pharmacy*.

ON THE CURE OF VESICO-VAGINAL FISTULA.

By Joseph Pancoast, M.D., Professor of Anatomy in Jefferson Medical College.

At your request I send you a brief notice of a new mode of operation for the cure of urethro and vesico-vaginal fistula, which I have successfully employed in two cases, a more detailed account of which I propose hereafter to present you with. The two operations above alluded to, were respectively on patients of Professor Meigs, and Dr. Condie. In one case, there was a complete destruction of a cross section of the whole urethral structure, at its juncture with the neck of the bladder; in the other there was an elongated orifice in the *bas fond* of the bladder, which would more than admit the end of the finger.

The peculiarity of the operation consists virtually in attaching the two sides of the anormal opening firmly together, on the principle of the tongue and groove, so as to get four raw surfaces in contact, and thus increase the probabilities of union by first intention. For this purpose it is necessary that the margins of the fistula should have considerable thickness; and when not found in this state, they are to be thickened by repeated applications of lunar caustic, or, better still, of the actual cautery.

Having exposed the fistulous orifice as thoroughly as possible with a Charriére's speculum from which the sliding blade has been removed, an assistant at the same time drawing the vestibulum well up towards the front of the pubis, my first object in the operation is to split the most posterior margin of the fistula to the depth of half an inch, with a sharp-pointed, sabre-shaped bistoury. I next pare off the edges of the other lip of the fistula, so as to bring it into a wedge-shape; first reverting it as much as possible with a small blunt hook, and trimming off the mucous membrane on the side next the bladder with the curved scissors or scalpel, and then detaching, in like manner, the vaginal mucous membrane, to the breadth of three quarters of an inch, along the whole extent of the lip. This is a very difficult but most important part of the process; and great care should be taken to obtain a sufficient extent of raw surface, at the two angles of the fissure, where the lips will rest merely in apposition. Having checked the bleeding by the use of astringent applications, my next object is to insert the raw wedge or tongue into which one of the lips of the fistula has been converted, into the groove which has been cut in the other, and hold them in close connection. This I accomplish, by the means of a peculiar suture that might be called the plastic, and in the same way that I have described its application in reference to some plastic operations, in my Operative Surgery, and in the American Journal of the Medical Sciences, for October, 1842. The suture threads are to be passed with short, sharp, curved needles, held in Physick's artery forceps with the handles made of twice the ordinary length.

When the sutures are knotted firmly, the tongue or wedge will be found immovably imbedded in the groove. The sutures I leave for two weeks or more, or until they become loose. A gum catheter should be kept in the bladder to prevent the accumulation of urine. To keep the inflammation from running to a destructive height, a bladder of cold water should be applied for thirty-six hours to the vulva.

On the second day I direct the frequent injection of a solution of zinci. sulph. into the vagina, in order to increase the tone of the parts. On the third or fourth day I apply to the line of union a solution of lunar caustic with a camel's hair pencil. This application should be made twice in the twenty-four hours, the solution being gradually increased in its strength. Union by first intention may be expected to take place under this treatment to a considerable extent; at such points as it should fail to occur, union by second intention is to be promoted by the use of lunar caustic in substance, so as to raise a bed of granulation on the raw surfaces of the lips, while they are held in contact by the plastic suture. Occasionally, where the fissure is large, it will become necessary to repeat the process after a partial success has been obtained by the first operation.—*Medical Examiner.*

CASE OF POISONING BY ARSENIC, SUCCESSFULLY TREATED WITH FRESHLY-PREPARED HYDRATED-PER-OXIDE OF IRON.

By C. A. Hall, M.D. Northampton, Ms.

White oxide of arsenic had been obtained for destroying rats. The label and the paper containing it had been partially destroyed by the corrosive action of the arsenic, and it had been poured out into a tea-cup, and put aside to be re-labelled at some future time. Subsequently, the family removed to another house, and in the confusion arising therefrom, the arsenic was placed near a tea-cup of the same color containing super carbonate of soda.

On the 25th of December, 1846, half a teaspoonful of the arsenic, probably about eighty grains, mistaking it for the sup. carbonate of soda, was put into a pudding, the greater part of which was afterwards eaten by two persons. In less than half an hour, severe and distressing sickness came on, with vomiting and great prostration. Being alone in the house, and unable even to raise a window to call assistance, they remained for some time in this dangerous situation. Fortunately, a sister who had been absent, returned home, and in a few minutes afterwards I was at the house. Finding that arsenic had been taken in so large a quantity, and knowing of but one perfectly effectual antidote, I at once proceeded to prepare a quantity of the hydrated-per-oxide of iron, which I administered with an unsparing hand. In less than half an hour decided relief was obtained; the retching and vomiting, though still kept up, occurred at longer intervals, and with less severity. The pain and faintness continued more or less during the night, yet the relief already apparent, induced me to continue the use of the antidote. The next day the vomiting occurred but once or twice, and in one only of the persons. In the mean time, however, a new train of symptoms came on. The tongue was swollen, there was a burning pain and considerable inflammation in the throat, accompanied with great thirst, and in one of the cases with hiccough, and much tenderness of the epigastrium. The evacuations from the bowels were dark and offensive, and attended with pain and tenesmus. There was for a long time great prostration of strength; indeed, neither of the persons have felt quite well until within a few days.

I am induced to make these cases public, not only to give additional evidence of the efficacy of the *freshly-prepared* hydrated-per-oxide of iron, as an antidote to poisoning by white oxide of arsenic; but, also, since it is well known that the remedy is of little use except when *freshly prepared*, to urge it upon every medical man, not only to bear in mind how it is prepared, but actually to go through the manipulations, and prepare it, once at least, for himself. Then, when it is wanted, as it always is in haste, and when there is no time to look for specific directions, he can prepare it more dextrously, and with no doubts or misgivings as to its purity.

Lest there be some one of your readers who has not a formula for preparing the hydrated-per-oxide of iron, I subjoin that of the last edition (1845) of the U. S. Pharmacopœia. It has been well suggested that the articles for making it should be kept in vials, in the proper proportions, ready for use at a moment's notice:—" R. Sulphate of iron, ℥ iv.; sulphuric acid, f ʒ iijss.; nitric acid, f ʒ vi. or q. s.; solution of ammonia, q. s.; water, Oij.

Dissolve the sulphate of iron in the water, add the sulphuric acid, and boil the solution; then add the nitric acid in small proportions, boiling the liquid for a minute after each addition, until the acid ceases to produce a dark color. Filter the liquid, allow it to cool, and add solution of ammonia in excess, stirring the mixture briskly; wash the precipitate with water until the washings yield no precipitate with chloride of barium."

In the foregoing case I used no sulphuric acid. I did not filter the liquid or wait for it to cool, nor did I stop to test it with chloride of barium; but washed it three or four times with water, poured it on cotton cloth, and administered it while hot. Doubtless the better plan would be to follow the directions of the Pharmacopœia.—***Buffalo Med. Journal.***

MEDICAL BIOGRAPHIES.

[The Address by Dr. E. K. Hunt, of Hartford, before the Connecticut Medical Society, at their late annual meeting, contains the following just observations on a matter to which we have often alluded, and which does not receive the attention it merits.]

There is another topic which has hitherto engaged little attention from the members of the profession, and none at all from our Society, whether State or County; one, too, that deserves special notice at our hands. I refer to the biography of the honored dead. Many of our profession, who have served faithfully, with eminent ability, and distinguished success, the people of their generation, have gone down to the grave and been forgotten, because no friendly hand has appeared to record their names and merits. Contemplate for a moment the history of our profession in this State. It is almost a blank. The dark waters of oblivion roll over it. Were one of us to attempt to-day, the task of writing a medical history of Connecticut, what authentic material could he command wherewith to accomplish the work? Exceptions, it must be admitted, here and there exist, which, perhaps, we as often owe to a grateful patient, who has himself been rescued from impending death, by him to whom he offers this tribute of affectionate remembrance, as by one of our own number. Gentlemen, can we afford to part with the well-earned fame of these noble men, who have gone before us, at so cheap a rate? Is it not unkind, unfeeling, for the sons and successors of such sires and predecessors, thus to manifest towards them such marked indifference? Call to mind, I pray you, some worthy professional neighbor and friend, whom, a few years ago, you well knew, and had long known, but who is now dead, and consider the difficulties that would meet you on every hand, were you to attempt to portray his life, as exemplified among the people of his charge? The lineaments of his long-familiar face, his carriage and general appearance, have imperceptibly faded from your recollection, crowded into the back-ground of your memory, by the pressure of thick and ever-coming events; while the characteristic features of his mind, his peculiar sayings, his professional views and practice, his manner with the sick, the general habits of his life, these, which reveal all that is truly interesting and valuable of the man, these are still less distinctly retained in your treacherous memory. Thus, he too, however dear in life, and however heartily mourned in death, will soon swell the long catalogue of the forgotten dead. You can but admit, that this ought not so to be; that there are names "whom we should not willingly let die." The past we cannot recall. It is gone, laden with the rich treasures of departed worth. But the present is ours, and the future, as it relates to this topic of mournful, yet pleasing interest, is subject to our control. Can we not make provision now, against a contingency which we all deeply deplore? I am sure the question meets a ready and cordial response from every heart, that we can and must. What then shall it be? It must be simple, yet effective, and pervade the entire State. Permit me to suggest, that a committee be appointed at each annual meeting, in every county, who shall be charged with this sad duty, and furnish at the end of the year, at the next annual meeting, the names, together with a suitable biography, of those who have, during the interval, "rested from their labors."

The papers prepared by them, well and carefully preserved in the archives of each county, will furnish rich and ample material, wherewith to illustrate every succeeding period of our professional history. In order to subserve the great purpose for which they are designed, these biographies should be both discriminating and truthful, to a greater degree than is usual in writings of this class. Avoiding carefully the language of exaggeration, to which the feelings of friendship so strongly incline, those to whom this task is assigned, should select, for preservation, the leading incidents and events in the life of the person they would commemorate, together with his distinguishing characteristics, "extenuating nothing, nor setting down aught in malice." To the elder members of the profession a measure of this kind would, moreover, be highly acceptable, by furnishing them an occasional opportunity to go back into the past, to refresh their recollections of departed friends—to live over again the days of other years—while to the young it will prove a strong incentive to honorable effort, and the faithful discharge of duty.

EXPERIMENTS WITH THE SULPHURIC ETHER VAPOR.

By **Horace Nelson, M.D.**, Lecturer on Anatomy and Physiology, in the School of Medicine and Surgery, Montreal.

Having bestowed considerable attention to the consideration of the *modus operandi* of the sulphuric ether vapor, I enclose the following report of experiments performed with a view of ascertaining its physiological effects. In the month of January, a "chevalier d'industrie" visited Montreal, to speculate on the sale of the secret and apparatus. Both were purchased by my friend, Mr. Webster, dentist, of Notre Dame st. It was determined that, in presence of some friends, and of Jones (the vender), I should try the efficacy of the ether in a series of experiments. The dog was the chosen victim, and Jones administered the vapor. In the space of about four minutes the animal was in a state of profound insensibility. I commenced my operations by cutting off a portion of one ear, which was followed by the removal of the whole organ, the dog, to all appearance, lying as if dead, no one confining him to the table. Next, an incision was made from the hind leg, following the direction of the vertebral column, and continued as far as the middle of the neck, and with the greatest facility I removed the skin from that half of the body. I then proceeded to the amputation of one of the fore legs; but before completing the operation, was called to visit a patient. On my return, more than one half hour having elapsed, re-action had taken place, and I found the dog perfectly recovered, expressing, by his deep groans, the severity of his sufferings. In this state, I cut off one portion of the remaining ear, but the result was far different; his violent efforts and cries giving every one present to understand that he was no more *sleeping*. To put an end to his sufferings, he was instantly strangled.

A few days after, I instituted another series of experiments, when I carried my operations to a still greater extent, to prove conclusively, if full confidence could be placed on the effects of the inhalation. The dog was once more the subject. In three minutes and a half he was under the full influence of the ether. The skin being removed from the whole of the body, I passed over the quivering flesh a poker heated to whiteness. Several deep incisions were made in the muscles of the back, the right leg was entirely separated from the body, excepting the vessels and nerves, and I once more applied the poker to staunch the bleeding of several small arteries; not a moan was heard, not the least starting of a nerve was perceptible; the flesh smoked and the iron hissed. By means of a crucial incision I laid open the abdominal cavity, and took out upon the table the mass of intestines; my students had then the advantage of a demonstration of the peristaltic motion of those organs, and could observe the rising and falling of the diaphragm, assisting most powerfully the respiratory act. The intestines were cut through in different places, the liver and spleen torn and wounded, every step followed by the application of the heated poker. Finally, the thorax was laid open, several of the ribs forcibly fractured, and the intercostal muscles lacerated.

The time occupied in performing this long and severe series of experiments was nearly three quarters of an hour, during which the breathing tube was applied to the dog's mouth once every eight or ten minutes on an average. By the aid of a little ice-cold water poured down his throat, in a few minutes he perfectly recovered, turned on his side, and endeavored to lick his numerous wounds, and tried to rise, but was so much exhausted by the profuse loss of blood, that he fell back on the table. When the gentlemen present were perfectly satisfied with the happy results of these cruel and lengthy experiments, the dog was strangled.—*British American Journal of Medical Science.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 16, 1847.

Ship Fever.—Both Journals of Medicine and the newspapers, generally, are bringing frightful intelligence of the extension of ship fever in Europe, and all the Atlantic ports, north of Philadelphia, in this country. Vessels are continually arriving here with vast multitudes of miserable human beings, from famine-stricken Ireland, who were both physically and morally enfeebled before commencing a voyage which disease tracks across the ocean with an unerring certainty. Complaints are made that the ship fever is by no means confined to the emigrant vessels, but that it appears on shore, clinging to the Irish emigrant, and breaking him down even far in the country, after he has escaped from the confinement of a ship hold. This is true to a degree; but had these thoughtless, head-strong, imprudent people one ray of discretion when they get on land, their sufferings would be less than they are. Cases of ship fever would be fewer in number, and less severe in character, were the emigrants influenced by the advice urged upon them by kind-hearted, benevolent physicians and others. Soon after leaving the vessel, however good their condition at the time, they seize with ravenous avidity upon every possible variety of edible that comes within their reach, to say nothing of drinks—and the result is a sudden engorgement of the stomach. Nature seeks relief from this plethora, in some instances by a diarrhœa; in others, a peculiar state of the system is induced, remarkable for the turbulence of the blood, which seems to boil and foam in the vessels—and this is ship fever, with all its bad concomitants.

Bad food, and the huddling together of men, women and children in the hold of a ship for weeks, engender the disease which is brought to our shores. When those who have escaped the action of a poisoned atmosphere between decks, afterwards sicken on land, exhibiting the same degree of intensity in the symptoms, the disease is brought on, in a majority of cases, as already remarked, by the uncontrolled appetites of the victims to the malady.

A constant professional intercourse with multitudes of Irish emigrants, who arrive in the port of Boston, furnishes opportunities for witnessing ship fever in all its phases. The only efficient remedy, certainly the first source of relief, is a fresh atmospheric exposure. It is delightful to contemplate the changes effected by this simple process. Very little medication is required in the management of patients from sea. Of the kind of treatment most satisfactory with the other class, those sickening from over-eating, and other irregularities, there may be a variety of opinions. The disease terminates fatally, very quickly, at sea; but the worst forms, on being removed to cool, airy apartments on shore, are at once ameliorated, unless the low, muttering delirium exists. Under such circumstances, a recovery is exceedingly doubtful. Petæchial spots, referred to by foreign authors, have in no instance, thus far, been observed on those dying here.

Next—is the disease infectious? Does it re-produce itself in persons exposed to the emanations from those laboring under it? These are questions seriously agitated by the mass of the people. Many persons consider that it is not thus propagated, but that it is only generated in the manner represented in these observations. Fatigue, debility, a tainted atmosphere, or badly-ventilated apartments, together with direct exposure to those in the advanced stages of the fever, without doubt, may produce it. Hence cases are perpetually occurring in public institutions, where foreign paupers are admitted, and in narrow streets, and old decaying tenements where emigrants congregate on reaching the city. The views of correspondents on this engrossing topic are solicited, since the public health should not be neglected by medical practitioners.

Pamphlet War—Discovery of the Effects of Ethereal Inhalation.—Nothing has occurred of late, in circles purely medical, more exciting than the contest going on at this moment in regard to the discovery of the effects of inhaling ether. By-and-by some poetaster will amuse the public with a song upon the subject, or perhaps a mock heroic poem. There are materials enough for a farce already developed, that would equal the incidents in Dr. Hopkins's story of the Battle of the Kegs; and yet the contest is far from being decided. Money, the sum of earthly good in the estimation of a large part of mankind, is now hardly alluded to in the controversy. Honor is ostensibly the prize to be won.

In commenting upon this important discovery on a former occasion, it was suggested that belligerent operations would occur, and that a war of pamphlets was to be apprehended. Small arms, here and there, in the medical journals and newspapers, indicated active preparations. A heavy cannonading has finally commenced between the hostile forces, and three large pamphlets have been discharged into the very midst of the reading community, filled with all manner of inflammatory materials. No one has yet been killed, although some have felt themselves severely injured by these extraordinary literary explosions. Two distinct parties are arrayed against each other, determined neither to take or give quarter; and then there is a third force organized in Connecticut, that fights on its own individual account against the pretensions of all others. All this is far better than duels or prosecutions for libel, because an aggrieved aspirant for fame has nothing to do but sit down quietly in his library and concoct his most deadly arguments, and, at his own private convenience, bombard the enemy with facts and reasons intended forever to lay him low in the great world of science. One of the pamphlets referred to has reached a second edition, which is equivalent, in the language of the camp, to an arrival of fresh troops. Another curious feature in this singular onslaught by the pen, is the fact that the field to be won, and which each party has especially in view, is Europe—those particular countries, too, which reward distinguished benefactors of mankind the most liberally by parliamentary grants, special medallions, and such like displays of generosity towards men of genius and science. Occasionally, in all the pamphlets, something instructive may be found, which may be of use on future occasions; but we are anxious that nothing relating to the controversy between the claimants to the discovery of the new mode of administering ether, calculated to engender angry feelings, shall have admission into these pages. Cases in which it was successfully or unsuccessfully used are coveted from every source, because a knowledge of agents resorted to for curing the sick or relieving pain should be made known extensively; and such only, in fact, can be profitable to readers. Personal quarrelling, so apt to be a prominent characteristic of controversial pamphlets, is wholly out of our province.

The receipt of Dr. Gay's and Mr. Warren's recently-published pamphlets is acknowledged.

Preservation of Decayed Teeth.—It is interesting to trace the perfection to which ingenuity and application have brought the art of preserving the teeth from the natural progress of decay, when they once become diseased, by filling cavities. When the idea was first conceived of arresting a caries, it was considered sufficient to fill the opening with wood, iron, or even cork. Afterwards gold, silver and tin foil came into general use; and the first, in all human probability, will never be discarded. The physiology of the organs of manducation is now more thoroughly known than ever before, and the learned in the dental art have fully settled down upon this one fact, that gold, and nothing else, can be permanently relied upon for plugging. This point being settled, the next inquiry is—how should the precious metal be prepared to best fulfil the intentions of the operator?

Reference was made, some months since, to Dr. C. T. Jackson's discovery of a process of rendering gold flocculent and more yielding than it has heretofore been prepared. It short, it has been said, by competent persons, that a desideratum has been achieved in the preparation of gold, and that Dr. Hitchcock is now putting in practice the improvement at his dental establishment in Court street, with much satisfaction. Although knowing but little of the subject from personal observation, it is always gratifying to record whatever advances are made in the economical arts, or in the more general departments of science.

Fourth Annual Meeting of the American Institute of Homœopathy.—This association convened at the Masonic Temple, Boston, Wednesday, 9th instant, at 10 o'clock, A. M. The meeting was called to order by the General Secretary, Dr. Edward Bayard, of New York; and F. R. McManus, M.D., of Baltimore, was elected Chairman. The following gentlemen were then elected officers for the ensuing year: F. R. McManus, M.D., of Baltimore, Chairman; E. Bayard, M.D., of New York, General Secretary; R. A. Snow, M.D., of New York, Provisional Secretary; and S. R. Kirkby, M.D., of New York, Treasurer.

Reports were read on the form of certificates of membership, and on regional anatomy, by the chairman of the committees on these subjects. Communications were also read from several branch meetings in different parts of the country. J. F. Flagg, M.D., of Boston, made some remarks on the object of the meeting, and offered this resolution:—That Committees be appointed to report to the Institute, at its next annual meeting, on the following subjects, viz.:

1st, On the purposes and effects of blood-letting.

2nd, On the employment of Emetics and Cathartics.

3rd, On the employment of Blisters, and other external irritants.

4th, On the employment of Water as an adjuvant in Homœopathic practice.

At 8 o'clock, P. M., the meeting was called to order—having convened according to adjournment. F. R. McManus, M.D., Chairman, introduced to a large and highly respectable audience, Edward Bayard, M.D., of N. York, who addressed them for an hour and a quarter in an able and instructive discourse on the changes of doctrine in the science of medicine, and on the claims of Homœopathy as a system founded on an immutable law of nature, and therefore destined to endure forever.

Thursday, 10*th*.—The meeting was opened according to adjournment. After electing the committees nominated by the Chair, on the previous evening, the report of a committee which had been appointed to draft a reply to the communications of branch societies, was read by Dr. Jeanes, and accepted.

A committee was chosen (including the Chairman of the Institute) to consider the expediency of adopting some means of affording public instruction to students of Homœopathy in medicine and surgery, and report to the Institute at its next annual meeting.

The meeting adjourned, to meet again, in the city of New York, on the 2d Wednesday of June, 1848.

Connecticut Medical Society.—At the annual meeting of this Society in May, the following officers were elected for the current year:—Archibald Welch, M.D., *President;* George Sumner, M.D., *Vice President;* V. M. Dow, M.D., *Treasurer;* Gurdon W. Russell, M.D., *Secretary.*

Drs. George Sumner, and Eli Ives, delegates to the National Medical Convention, made a statement of its proceedings, and the following resolution, offered by Dr. Grant, was passed.

Resolved, That before any person can be admitted into the office of a Physician, as a Student of Medicine, he shall furnish evidence of a good moral character, and shall be examined by the Preceptor and one of the Fellows of this Society: the examination to be upon the subjects of English education, and Greek and Latin languages. If found qualified, he is to receive a certificate to that effect, and be enrolled as a regular student of medicine.

The following resolutions were adopted:

Resolved, That the Medical Societies of each county be requested to appoint one or more delegates to attend the next meeting of the *American Medical Association*, which is to be held in Baltimore, on the first Wednesday of May, 1848.

Resolved, That a memorial be presented to the Legislature of the State, relative to the registration of births and deaths within its limits, and that Drs. Sumner, Beresford and Barry, be a committee to present the same on behalf of this Society.

Uroscopian Practice.—Absurd as this system appears, when carried to extremes, it is likely to be resuscitated in Western New York, where the soil appears to be as congenial to quackery as in Massachusetts. At Le Roy, N. Y., a firm of uroscopiasts notify the great public by advertisement thus. "For the benefit of those unacquainted with their method of practice, it is but necessary to say that they describe disease by the *Urine*, which must be the first in the morning, brought in a clean (at least) two ounce vial; and as a record is kept of cases described, the name and age are also required. Several cases can be sent by one person, and thereby save travelling expenses."

Fossil Remains in Alabama.—From the New Orleans Delta, the following curious facts have been taken.

"Some months ago Dr. M. W. Dickinson, of the Academy of Science, was sent from Philadelphia for the purpose of investigating the geology of the Valley of the Mississippi. Dr. Dickinson's discoveries have opened new paths for the rumination of the student in this all-important science, and reflected well-earned honors on himself. Very lately Dr. Dickinson made a tour of inspection through that portion of Alabama in which abounds the rotten lime-stone formation. This is particularly the case in the vicinities of Clark, Washington and Claiborne counties, in that State. Heretofore, this formation has been considered by geologists as a detritus from shells, &c., but by the power of glasses it has been proved to be entirely different. Dr. Dickinson informs us that it is a huge coral reef, whose gigantic branches shoot up several feet into a beautiful arborescent form in its original bed of the primeval ocean. At its base are the fossil remains of the huge zugoldon, sharks, flies, &c., many of the former from forty to one hundred feet long, winding in serpentine form among the coral. Below this were found the remains of an extensive sea, the bottom of which was lined with shells, varying from twenty to thirty feet, in a fine state of preservation. These beds yielded a great variety of shells, many of which may be still found in our present seas, and hence must have been of comparatively recent formation. Below this was found a huge oyster bed, imbedded in a blue marl or clay, in their original position. Some of these oysters measured fifteen inches in length, and weighed from ten to fifteen pounds. Succeeding this stratum were found the bottoms of several ancient seas, lakes and rivers, all yielding numerous fine fossils. Many of these fossils Dr. Dickinson has forwarded to the Academy of Natural Sciences in Philadelphia."

Ethereal Tincture of Opium. To the Editor.—Sir,—In a late No. of the Medical Journal my name is referred to in a communication by Dr.

Smilie. He says he made known to me his experiments with the ether before it was brought before the public. It is due to Dr. S. to say that this is true. In the spring of 1846, Dr. S. related to me that he had used a preparation of ether and opium to be inhaled for medicinal purposes, and the result was so peculiar in diminishing sensibility, that he afterwards used it in performing a surgical operation. It is true that Dr. S. had used the ether, to be inhaled, for some purposes, and had suggested the use of it in the same way for overcoming pain while dental operations were being performed, before it was made public by Dr. Morton. Your ob't serv't,

Boston, June 5, 1847. JOHN CLOUGH.

Resident Physician at the Beauport Lunatic Asylum.—We are happy to learn that Dr. Von Iffland, lately of Yamaska, has received the above appointment. A resident medical officer, at this institution, which is situated several miles from the city of Quebec, was imperatively required, and we are glad that a selection has been made of one who, from his well-known talents, is so well qualified to discharge with ability the important trust confided to him.—*British American Medical Journal.*

Medical Board of the Montreal General Hospital.—At a meeting of the Board of Governors of this institution, held on the 11th inst., the medical staff was increased to the number of twelve, by the election of the six following gentlemen:—Drs. Arnoldi, Badgley, Sutherland, McCulloch, Fraser and Scott. The medical staff now stands as follows:—Consulting Physician, A. F. Holmes, M.D.; Attending Physicians, O. T. Bruneau, M.D., A. Hall, M.D., G. W. Campbell, M.D., J. Crawford, M.D., S. C. Sewell, M.D., R. S. MacDonnell, M.D., Francis Badgley, M.D., F. C. T. Arnoldi, M.D., W. Sutherland, M.D., M. McCulloch, M.D., W. Fraser, M.D., and W. E. Scott, M.D. Dr. George E. Fenwick was appointed apothecary to the institution, in room of Dr. G. D. Gibb, who retires.—*Ib.*

Medical Miscellany.—Dysentery was spreading rapidly at Jalapa at the last accounts.—A catalogue of the Vermont Medical College, gives a list of ninety-six students who have attended the late course of lectures. The institution is exceedingly prosperous.—Cases of vomito have appeared at Vera Cruz.—A circular from the Berkshire Medical Institution, for 1847, is out. The lectures will begin on Thursday, August 5th—close at hand.—Cases of smallpox have recently occurred in several places in New England.—Ship fever has shown itself in the track of emigrants at remote points in the country. At the quarantine ground, Quebec, the mortality by the disease is represented to be alarming.

TO CORRESPONDENTS.—The paper of Dr. J. Brooks, and an explanatory note from Dr. H. Wells, came too late for insertion in to-day's Journal.

Report of Deaths in Boston—for the week ending June 12th, 72—Males, 37—females, 35. Stillborn, 5. Of consumption, 4—typhus fever, 27—lung fever, 1—croup, 4—cancer, 2—scarlet fever, 1—inflammation of the lungs, 2—intemperance, 2—marasmus, 3—infantile, 4—dropsy on the brain, 1—child-bed, 3—inflammation of the bowels, 2—epilepsy, 1—accidental, 3—old age, 1—piles, 1—teething, 2—disease of the brain, 1—disease of the liver, 1—drowned, 1—dropsy, 1—quinsy, 1—small-pox, 1—convulsions, 1—disease of the heart, 1.

Under 5 years, 22—between 5 and 20 years, 10—between 20 and 40 years, 22—between 40 and 60 years, 13—over 60 years, 5.

Case in which Death was caused by eating Raw Rice.—Maria W—, a servant, aged 22, previously in moderate health, but pale and anæmic, was taken suddenly ill with pain in the chest, while walking out in the evening of December 17th, 1846. At half past 7, half an hour from the attack, she was suffering severe pain in the left hypochondriac region, attended by great restlessness. Percussion over the region of the stomach was not unusually loud. On inquiry, it proved that she had eaten in the afternoon, before her tea, a tumblerful of raw rice, mixed with milk, which she had been in the habit of eating, as well as arrow-root, sago, &c., in a raw state. The pain evidently arising from distention, caused by swelling of the rice in contact with the tea, and aided by the heat of the body, half a drachm of sulphate of zinc was administered as an emetic, which failing to act, was repeated after 20 minutes. The stomach was then relieved, first of what appeared to be tea and wash, and afterwards, at intervals. of a large quantity of half-swollen rice, equal in bulk to an ordinary dinner-plate, piled; and she felt considerable relief from pain. The stomach pump was not employed in this case, because it did not appear calculated to relieve the stomach of its half solid contents; in similar cases, however, it might prove useful by favoring the escape of gas. At 11 the following morning, the pain increased suddenly, violently, with cold extremities, small feeble pulse, great abdominal tenderness; and she died at 4 P.M. On examination of the body, extensive peritonæal inflammation presented itself, with deposition of lymph agglutinating the intestines, and a copious effusion of turbid serum into the cavity of the abdomen. The stomach and duodenum were empty, with the exception of a few grains of raw rice at the pylorus, and perfectly free from inflammation. The small intestines were gorged throughout with a quantity of the same raw material that she had been in the habit of eating, apparently rice, arrow-root, &c., some raw and hard, and in parts so distending the intestine as to give the sensation to the fingers of feeling a bag of marbles, and some in a half digested state. The large intestines were loaded with fæces. The heart was small, the lungs healthy. It is remarkable that the stomach was perfectly free from inflammation.—*London Lancet.*

On the Treatment of Amenorrhœa.—The remedy recommended by Lallemand consists of aloes, ergot of rye, and rue, made into pills. Every pill contains about two-thirds of a grain of each of these substances, and the number prescribed is from nine to eighteen in twenty-four hours, or from six to twelve grains of each drug in the day. If the case be recent, the proper day for the return of the menstruation is to be reckoned, and the use of the pills commenced on that day; and the pills are employed for four days. If the case is of so long standing that the proper day cannot be fixed on, the time chosen is arbitrary; but if the first trials are unsuccessful, they are to be repeated at the corresponding periods of the succeeding months. Three pills are given, morning, noon, and night, in the first months; afterwards they are gradually increased to six, at the same three periods of the day. During each of the four days of treatment, four or five leeches are applied to the vulva, and after the leeches, a vapor bath is used.—*Provincial Journal.*

The effects of this remedy must, we should think, says the editor of the London Lancet, depend in a great measure on the cause of the disease.